

Bulletins on Health Insurance, Payroll, and Personnel

UPPS Newsletter 2000-02

February 1, 2000

Personnel Cabinet

*5th Floor, 200 Fair Oaks Lane
Frankfort, Kentucky 40601*

Secretary

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Julie True, Commissioner

*Department for
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Suite 511, 502-564-7911
Fax 502-564-4311*

Commissioner

*Department for
Personnel Administration
Room 530, 502-564-2428
Fax 502-564-5826*

Personnel Cabinet Web Site

*[http://www.state.ky.us/
agencies/personnel/
pershome.htm](http://www.state.ky.us/agencies/personnel/pershome.htm)*

State of Emergency

On January 5, 2000, Governor Patton signed Executive Order # 2000-12 declaring a "State of Emergency" due to the tornadoes, strong winds, flash flooding, etc. that occurred on January 3rd throughout Western, Central, and Northern Kentucky. There may be state employees in the KY National Guard placed on State Active Duty for Emergency Mission # 000103T01.

Weekend Premium

This is now available to the agencies. The Appointing Authority must submit this request to the Secretary of the Personnel Cabinet for approval. The taxing will be standard. (This information can be viewed on-line on the J screen after payroll is processed.)

On-Line Reminder for March 1, 2000

This is a reminder that effective March 1, 2000 all agencies are required to do the PD's on-line.

Also, if you have time, it is a good idea to go ahead and submit your baseline PD's on all your employees. When you put in "BASELINE" in other – the PD will automatically approve once all of your information has been entered. Remember, though, that if you already have a PD entered, there is no reason to do another one.

If you have any questions, please call your Classification Analyst at 502-564-4503.

Local Tax Updates

The city of Hodgenville, 05-80, has implemented a 1% local withholding tax effective 1-1-2000.

The city of Barbourville, 05-81 has a new local tax of 1%. Knox County and Barbourville have agreed that they do not want to double-tax the employee. If you work in Knox County, 05-78, you pay 1% to the county. If you work in the city of Barbourville, 05-81, you pay 1% to the city.

Livingston County, 05-82, has established a 1% county rate.

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TALX--The Work Number® -- Employee Verification for Mortgage Loans, etc.

Please remember that on approximately January 1, 2000, employees will need to use the last four digits of their social security number as their PIN #.

In an effort to make the Work Number more valuable, TALX has recently completed an extensive redesign and upgrade of their Intranet Sites, including <http://www.theworknumber.com> and the on-line transaction site at <http://verify.theworknumber.com>. Both sites now offer better navigation and easier access to important information. For employees, they are offering links to online lending sites and home buying tips, but the greatest benefit has to be easier access to online Salary Keys (previously called authorization codes). Employees can securely manage their Salary Keys in a visual environment, see if they have been used by a verifier, and get help, all online. All Salary Key transactions are completed in a secure environment, making this a very safe, simple, and convenient employee benefit.

Paying Deceased Employees

The instructions for paying deceased employees found on page 5.8 of the Payroll User's Manual have been enhanced in the hopes of making them more clear to understand and follow. These instructions will be issued with the 2000-02 Revision to the User's Manual.

If you have any questions, please contact a member of the Payroll Branch at 502-564-6883.

Misdirected Mail

We have had several cases of mail being misdirected because the room number was missing from the address. Please be sure to include the following room numbers when sending mail to the Division of Employee Records:

Director's Office, Room 533
Jackie Shrout, Division Director
Kim Hatter

Processing Branch, Room 531
Carolyn Bruce, Branch Manager
Sissy Burnham
Lisa Case
Sandra Darneal
Connie Heady
Jean Henning

Files Branch, Room 531
Mary Jane Johnson, Branch Manager
Linda Church
Dena McGuire
Donna Talley

Payroll Branch, Room 535
Jim Looney, Branch Manager
Kristy Castro
Gail Cooper
Carl Felix
Colleen Harvey
Julia Hughes
Carol Kelien
Jo Ann McAlister
Betty Warford

Health Insurance Refund Forms

Please find attached the following forms for you to copy and use for requesting refunds.

- Invalid Health Insurance Refund Request
- Health Insurance Refund Request for Kentucky Government Employees
- Shortfall Refund Request

INVALID HEALTH INSURANCE REFUND REQUEST

Date: _____

PLEASE REFUND THE FOLLOWING AMOUNTS:

COMPANY NUMBER	NAME	SSN	DED #	AMOUNT	DEDUCTED FROM PAY PERIOD ENDING	Indicate if check should be made payable to employee or Kentucky State Treasurer.
				\$.		
				\$.		
				\$.		
				\$.		
				\$.		
				\$.		

*** * * REMINDER: DO NOT INCLUDE SHORTFALL AMOUNT * * *****MANUAL PAY TRANSACTIONS:**ATTACHED ☐ ENTERED ON CICS ☐**SEND TO:**

Carol Kelien
 Division of Employee Records
 Personnel Cabinet
 Room 535, 5th Floor
 200 Fair Oaks Lane
 Frankfort, Kentucky 40601

PLEASE RETURN THE CHECKS TO:

Payroll Officer: _____

Agency: _____

Address: _____

 _____Telephone Number: _____

HEALTH INSURANCE REFUND REQUEST FOR KENTUCKY GOVERNMENT EMPLOYEES

CARRIER: _____

DATE _____

Please issue the following refunds for premiums withheld in error:

LAST NAME FIRST NAME MIDDLE INITIAL		SSN	COMPANY NUMBER	REFUND TO EMPLOYEE	REFUND TO EMPLOYER	TOTAL TO KENTUCKY STATE TREASURY
				\$	\$	\$
COVERAGE MONTH:	REASON:					
				\$	\$	\$
COVERAGE MONTH:	REASON:					
				\$	\$	\$
COVERAGE MONTH:	REASON:					
				\$	\$	\$
COVERAGE MONTH:	REASON:					
				\$	\$	\$
COVERAGE MONTH:	REASON:					
				\$	\$	\$
COVERAGE MONTH:	REASON:					
				\$	\$	\$
COVERAGE MONTH:	REASON:					
				\$	\$	\$
GRAND TOTAL					\$	

REMINDER: DO NOT INCLUDE
SHORTFALL AMOUNT (\$5.00) IN THE
EMPLOYER REFUND REQUEST.
THE \$5.00 MUST BE REQUESTED
FROM JO ANN McALISTER.

Return the above checks to:
Insurance Coordinator: _____
Cabinet/Department: _____
Address: _____

Telephone Number: _____

SHORTFALL REFUND REQUEST

Date: _____

Send to: Jo Ann McAlister
Personnel Cabinet
Division of Employee Records
200 Fair Oaks, Room 535
Frankfort, Kentucky 40601

LAST NAME FIRST NAME MIDDLE INITIAL	SSN	COMPANY NUMBER	FOR MONTH OF	AMOUNT	JV TO THE FOLLOWING:				
					AGENCY	ORG	PBU	FUND	PROJECT
				\$.					
				\$.					
				\$.					
				\$.					
				\$.					
				\$.					
				\$.					
				\$.					
				\$.					
				\$.					
				\$.					

Return to: Name: _____
Cabinet / Department: _____
Address: _____

Telephone Number: _____
